

Jacomo Summer Camp 2024

Camper Information Form

LIVE.
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Weeks Attending (Please check all that apply): 1 2 3 4 5 6 7 8 9 10

Camper Information

Camper's Name _____ DOB _____ Age on June 3, 2024 _____

Gender: Male Female Shirt Size: YS YM YL YXL

Has your camper attended Jacomo Summer Camp before? Y N

How did you hear about Jacomo Summer Camp? _____

Guardian's Contact Info

Primary Guardian _____ Relationship to Camper _____

Address _____

City, State, Zip _____

Phone: Daytime () _____ Cell () _____

Email Address _____

Secondary Guardian _____ Relationship to Camper _____

Phone: Daytime () _____ Cell () _____

Email Address _____

Emergency Contact

In case of an emergency, please contact the following first:

Primary Guardian Secondary Guardian

If neither primary nor secondary guardian can be reached in an emergency, please call:

Name _____ Relationship to Camper _____

Phone: Daytime () _____ Cell () _____

Name _____ Relationship to Camper _____

Phone: Daytime () _____ Cell () _____

Camper's Doctor _____ Doctor's Phone () _____

Hospital preference _____

Insurance Company _____ Policy # _____

Signature of Parent/Primary Guardian

Date

For Official Use Only – Household Number: _____

Jacombo Summer Camp 2024

Health Questionnaire Form



Camper's Name _____ Age _____
First Name Last Name

Your child's health and safety are our number one priority. All our staff are required to have a current first aid and CPR certification. Please let us know of any changes to your child's health that may affect their participation at camp.

Camper's should bring and use insect repellent and sunscreen (minimum 30 SPF) daily.

Be sure to fully explain any conditions your child is currently experiencing. It is important to include ALL information regarding your camper's health history so that our staff are prepared in case of incident or emergency.

Allergies

- This camper has No Known Allergies.
- This camper is allergic to: Food Medicine Environment (Insect Stings, Hay Fever) Other _____
Please describe below what the camper is allergic to, and the reaction seen.

Medication

- This camper WILL NOT take any daily medications while attending camp.
- This camper WILL take daily medication(s) while at camp.
If applicable, please list the medication, the dose and time your child takes it. You will need to drop off the medication at the Kemper Outdoor Education Center Front Office and complete a Medication Authorization and Release Form.

General Health History

Does the camper have any of the following:

Recurrent/chronic illnesses.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent injury.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting or dizziness.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headaches.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back/joint problems.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	GI issues/diarrhea/constipation.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin problems.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trouble with hearing or seeing.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Does your child have a physical condition or limitation of which the staff should be aware and/or could restrict participation in full camp programs/activities?..... Yes No

Please explain "Yes" answers in the space provided below and include ways staff can work with/help your child.

Signature of Parent/Primary Guardian *Date*

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Jacomo Summer Camp 2024

Health Questionnaire Form



Camper's Name _____ Age _____
First Name Last Name

Mental, Emotional & Social Health

Camper is being or has been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?..... Yes No
Ever been treated for emotional or behavioral difficulties?..... Yes No
Had a significant life event that continues to affect the camper?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below and include recommended ways staff may work with the camper so that they can enjoy their time at camp. Please thoroughly review our Code of Conduct Agreement.

Immunization

Has your child recently been exposed to any communicable disease?..... Yes No
If yes, please explain.

Is your child up to date on their vaccinations required by school?..... Yes No
Date of last tetanus shot:

What did we miss?

Please use the space below to provide any additional information about the camper that you would like us to know. List any additional physical, emotional, and mental health or behavior which the camp should be aware of and might affect the camper's participation in camp and how we can help.

Signature of Parent/Primary Guardian

Date

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Jacomo Summer Camp 2024

Medication Request Authorization & Release Form



Camper's Name _____ Age _____
First Name Last Name

This form is only required for campers that are taking medication, including over-the-counter medication, while on site at camp. Medications must be checked in at the Kemper Outdoor Education Center Office and all medication must be in original bottles with correct labeling.

Medication: _____
Dose/Amount: _____
Day/Time to Administer: _____

Medication Prescribed For: _____
Precautions _____

Name of Doctor Prescribing Medication _____
Doctor's Phone () _____ Pharmacy Phone () _____

Request, Authorization & Release for Child Requiring Medication at Day Camp

I have read and understand Jackson County Parks + Rec's policy on dispensing medication at the Jacomo Summer Camp. As I have no other alternative than to have my child, named above, take his/her medicine while at camp, I hereby request and authorize the staff of the Jacomo Summer Camp to store my child's prescription medication, described above, and to supervise my child taking this medication. I understand that under no circumstance shall the medication be in the possession of the child. I also understand that no member of the Jacomo Summer Camp staff is a physician, nurse or pharmacist and I accept full responsibility for this request and authorization. I will provide all medication in the original pharmacy labeled bottles. I will be responsible for ensuring the summer camp staff has an adequate supply of the medication on hand at all times, and I will take back any leftover medication on my child's last day at camp. Medications not claimed within 30 days of the last camp date will be given to the police department for disposal.

Signature of Parent/Primary Guardian *Date*

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Jacomo Summer Camp 2024

Camper Code of Conduct Agreement

LIVE.
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Please read and review the Code of Conduct with your camper.

Behavior Guidelines

- ✓ Show respect to all participants of Jacomo Summer Camp. This includes all campers, counselors and any Jackson County staff, volunteers or visitors.
- ✓ Be responsible for your words and actions.
- ✓ Listen to camp counselors, camp staff and volunteers and follow their directions.
- ✓ Leave all electronic devices at home such as iPods, handheld video games, MP3 players, and cell phones. (A parent/guardian must seek permission from the camp director for the camper to be able to carry a cell phone for emergencies. If a phone is found, it will be placed in the front office where it will be kept until the end of the day).

Prohibited Behaviors

- ✓ Endangering the health and safety of themselves, other campers, and/or staff or volunteers.
- ✓ Stealing, damaging, or failing to care for Jacomo Summer Camp's equipment, other participants' personal property or their own personal property.
- ✓ Continual disruption of the program and lack of participation.
- ✓ Refusal to follow the behavioral guidelines and listening to counselors.
- ✓ Inappropriate physical contact.
- ✓ Using profanity, inappropriate language or displaying clothing or personal items with offensive content.
- ✓ Bullying others or acts of aggression or violence.
- ✓ Possession or use of illegal substances, tobacco, or alcohol.
- ✓ Possession of weapons - any object that may cause harm to another or place another person in fear of his/her safety, is considered a weapon.

Steps Taken for Failure to Follow These Behavior Guidelines

1. **Verbal Warning:** Counselor will discuss the incident with the camper and/or redirect the camper to a more appropriate behavior.
2. **Loss of Participation:** Staff will have the camper sit out from an activity. Depending on the severity of the incident the camper's guardian may or may not be notified.
3. **Sent Home:** If the problem persists the Camp Director will be notified and may find it necessary to have the camper picked up early from camp. The parent will be called to discuss the problem.
4. **Removal from Camp:** If problems persist, the Camp Director reserves the right to withdraw the camper from Jacomo Summer Camp. If this happens, you will not be eligible for a refund.

NOTE: If a camper's behavior at any time threatens the immediate safety of him or herself, other campers, or staff, the parent/guardian will be notified and expected to pick up the child immediately.

The Camp Director reserves the right to withdraw a camper from Jacomo Summer Camp at any time and start at the 2nd, 3rd or 4th steps depending on the severity of the incident.

Agreement

Failure to comply with the Code of Conduct may result in removal from the program and/or additional fees. There will be no refunds given for campers who are removed from the program due to violations of the Code of Conduct.

I have read and understand this Code of Conduct. It is out of respect for myself, and others that I agree to abide by these rules. I understand if I violate these rules, I may be denied the privilege of participating in the Jacomo Summer Camp activities and I may be asked to leave the Jacomo Summer Camp by the Jackson County Associates.

Camper Printed Name

Date

Signature of Parent/Primary Guardian

Date

For Official Use Only – Household Number: _____

Jacomo Summer Camp 2024

Guardian Waiver/Acknowledgement Form



Camper's Name _____ Age _____

First Name

Last Name

Guardian's Name _____

_____INITIAL I understand campers will be placed in age groups determined by their age on June 3, 2024. Those groups will remain the same for the entire summer. Campers will not be allowed to change groups unless the Camp Director feels necessary. Jacomo Summer Camp will try our best to have the same counselors oversee the group for the entire week in a 1:10 ratio although in some instances we may have to make substitutions.

_____INITIAL I understand and agree that if my camper is showing signs of being sick, I will keep them home. I understand if my camper shows signs of an illness while at Jacomo Summer Camp, they will be quarantined in an area designated in the Kemper Outdoor Education Center and a guardian will be required to pick the camper up immediately.

_____INITIAL I give my child permission to take part in all activities and field trips. I understand field trips can be cancelled or changed.

_____INITIAL I give permission for my child to watch a PG movie inside if applicable (heat relief, rainy days, etc.).

_____INITIAL I agree that my camper will leave all electronics including cell phones at home. If electronics are found, I understand it will be placed in the Front Office where it will be kept until the end of the day.

_____INITIAL I have reviewed the Jacomo Summer Camp Parent/Guardian Information Packet and agree to all policies and procedures.

Signature of Parent/Primary Guardian

Date

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